Parental Consent & Medical Release Form

Juniors Camp Meeting Activities

Child's Name_____ Parent/Guardian_____

Address_____ Relationship _____

_____ Cell Number _____

Date of Birth _____ Work Number _____

The undersigned does hereby give permission for our (my) child, _____

to participate in all of the activities that are **checked** below:
(for more info on these activities, please visit the website: oregonadventist.org)

Wednesday, July 17

_____ North Clackamas Aquatic Park, 1 – 4:30 pm **- $16**

Thursday, July 18

_____ North Clackamas Aquatic Park, 1 – 4:30 pm - **$16**

Friday, July 19

_____ Rivergate School Play Area, 1 – 3 pm - **$0**

Medical Consent

I give permission for adult leaders/volunteers to administer emergency treatment, contact emergency personnel, and act in my stead in approving necessary medical care until I can reasonably be contacted. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Medical Insurance Information

Insurance Co_____ Person Responsible_____

Policy Number_____ Relationship_____

Tetanus Immunization Status (within 5 years) _____

Allergies: Medications_____

Food, Other_____

Medications to be taken:

Name	Dose	How Often
_____	_____	_____
_____	_____	_____

I, on behalf of myself, my spouse, next of kin, executors, heirs, assigns, or anyone else who might claim or sue on my or my child's behalf, fully release and agree not to sue the Oregon Conference of Seventh-day Adventists and its affiliated entities, any of its agents, employees, and/or volunteers form any and all liability, including but not limited to any claims, losses, or liabilities due to death, participation in the event, and/or any provision of medical care.

_____ _____

Parent/Guardian Signature Date

_____

Parent/Guardian Name – please print